

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr. G</i>		2/2/00
O.I.P.E. CLASSIFIER	<i>Dr</i>	32	2/17/00
FORMALITY REVIEW		6500	<i>HS</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	✓	6-12-02
2	2	✓	6-12-02
3	3	✓	6-12-02
4	4	✓	6-12-02
5	5	✓	6-12-02
6	6	✓	6-12-02
7	7	✓	6-12-02
8	8	✓	6-12-02
9	9	✓	6-12-02
10	10	✓	6-12-02
11	11	✓	6-12-02
12	12	✓	6-12-02
13	13	✓	6-12-02
14	14	✓	6-12-02
15	15	✓	6-12-02
16	16	✓	6-12-02
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18	18	✓	6-12-02
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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